

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10553925

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5	4		4			
6	8	8	4			
7	8	8	4			
8	8	8				
9	1					
10	1					
11	1					
12	4		4			
13	4		4			
14	8	8	4			
15	8	8	4			
16	8	8	4			
17			3			
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47			3			
48			3			
49			3			
50			3			
TOTAL IND.	2		2			
TOTAL DEP.		2	85	2		
TOTAL CLAIMS			87			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.					1	
TOTAL DEP.					51	
TOTAL CLAIMS					52	

Best Available Copy